

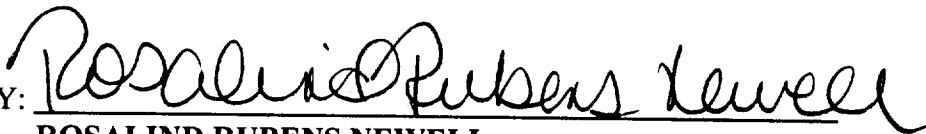
Entered - 05/08/01 - sb
CL01L0293 - DIANNE C. MITCHELL

CLAIM OF: **CECIL PHILLIPS,**
through his insurance carrier,
Fireman's Fund Insurance Company
P. O. Box 26705
Greensboro, NC 27417

01-*R*-1151

For damages alleged to have been sustained as a result of a vehicular
accident on March 18, 2001 at 2760 Peachtree Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0293

Date: July 2, 2001

Claimant /Victim CECIL PHILLIPS
BY: (Ins. Co.) Fireman's Fund Insurance Company
Address: P. O. Box 26705, Greensboro, NC 27417
Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____
Date of Notice: 05/07/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 03/28/01 Place: 2760 Peachtree Street
Department Fire Division: _____
Employee involved John Williams Disciplinary Action: Defensive Driving School

NATURE OF CLAIM: The operator of the City vehicle was operating the fire vehicle with both sirens and lights in operation. The City driver had stopped at a red light and proceeded through the intersection when the driver of the claimant's vehicle failed to yield right-of-way to the emergency vehicle. The driver of the claimant's vehicle admitted to the police officer investigating the accident that she saw the fire vehicle with emergency lights operating, that she was talking on her cell phone and proceeded through the intersection and collided with the fire vehicle.

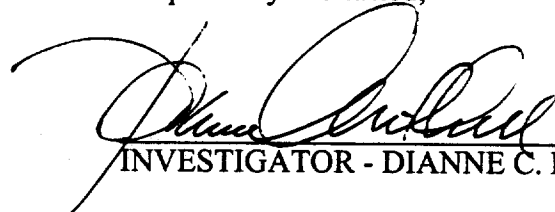
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver X Claimant Driver X
Citation disposition: City Driver Dismissed Claimant Driver _____

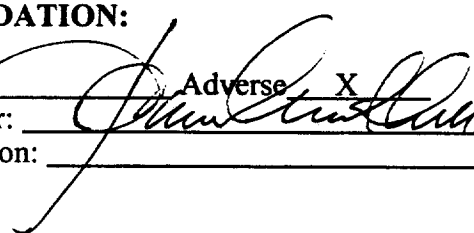
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent X City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 05/02/01
Committee Action: _____ Council Action _____



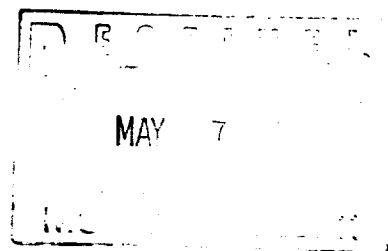
Fireman's Fund
Insurance Company
Office Hours: Monday - Friday 8:00 AM - 5:00 PM

Willie Wilson
Regional Claims Executive

ENTERED - 5-8-01 - SB
01L0293 - DIANNE MITCHELL

May 3, 2001

Atlanta City Council
Attention: Municipal Clerk
55 Trinity Avenue S.W.
Atlanta, GA 30335



RE: Claim Number: 710-1-680375
Insured: Cecil Phillips
Date of Loss: 3-28-01

**** Certified-Return Receipt Requested ****

Dear Sir or Madam,

This letter is in reference to an automobile accident involving one of your firetrucks and our insured's vehicle at the intersection of Peachtree Road N.E. and East Wesley Road N.E.

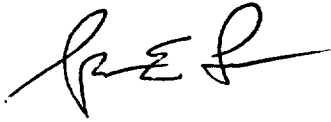
Our company insures the automobile that collided with your city's firetruck. The impact between those vehicles led to impacts with 4 other vehicles, for a total of 6 vehicles involved. We enclose a copy of the police report verifying this accident. We are also enclosing the documentation sent to our office to date showing damages to 2 of the 4 other parties involved.

We also enclose information showing our insured is disputing the ticket our insured driver was issued, and the dispute seems justified.

Because we have obtained information from other parties showing the firetruck driver may have caused, or at a minimum contributed to this accident, we ask you open a file to review this matter carefully. We would like to be reimbursed for our vehicle damages, as well as to address the injury and vehicle damages of the 4 innocent other motorists involved.

Thank you for your attention to this matter. Please call us at 800-222-3701 if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'SEL', with a stylized flourish at the end.

Spencer E. Lewis
Senior Claims Adjuster
Fireman's Fund Insurance Company

cc: Cecil/Carol Phillips
3 Cherokee Road NW
Atlanta, GA 30305

01-*R*-1151

Fireman's Fund Insurance Company
P.O. Box 26705 Greensboro, NC 27417 800-222-3701 FAX 800-848-0819